

# Foster Family Home - Corrective Action Report

Provider ID: 1-560252

Home Name: Lucia Sibayan, CNA

91-1175 Hanaloa Street

Ewa Beach HI 96706

Review ID: 1-560252-4

Reviewer:

Begin Date: 5/2/2015

End Date: 6/22/2015

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit made on 6/2/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/2/2015.

6 (d)(1) see applicable sections of this review.

## Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) The Home Service Plan for CG #1 indicated CPR on March 2015 and updated not present according to POLST on 4/20/2015 for CG #1 DNR status.

\_\_\_\_\_  
Compliance Manager

*Lucia Sibayan*  
\_\_\_\_\_  
Primary Care Giver

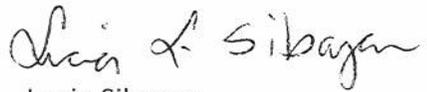
6/2/2015  
Date

6/2/15  
Date

June 3, 2015

52.(c)(2) I contacted the case management agency of client #1 to update the home service plan. The correction was made to change the CPR status to DNR. I attached the first page of the updated service plan. I will make sure to avoid mistakes in the future. The service plan reviews will be kept in the client's record.

Signed and Date: 6/3/2015



Lucia Sibayan

91-1175 Hanaloa St.

Ewa Beach, HI 96706

RECEIVED  
BY: 